

**RYAN WHITE CARE ACT  
2001 DENTAL REIMBURSEMENT PROGRAM**

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**APPLICATION INSTRUCTIONS**

OMB No. 0915-0151  
Expires January 31, 2002

Division of Community-Based Programs  
HIV/AIDS Bureau  
Health Resources and Services Administration  
Parklawn Building, Room 7A-30  
5600 Fishers Lane  
Rockville, Maryland 20857

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# OVERVIEW OF THE 2001 RYAN WHITE CARE ACT DENTAL REIMBURSEMENT PROGRAM

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## Introduction

Section 2692(b) of Title XXVI of the Public Health Service Act authorizes the Secretary of Health and Human Services to make grants to accredited dental schools, postdoctoral dental education programs, and dental hygiene education programs to help cover the costs of providing oral health services to patients with HIV. Each eligible dental school/program may submit an annual application form documenting its unreimbursed costs of providing oral health care to patients with HIV during the prior year. The Secretary distributes the available funds among all eligible applicants, taking into account the unreimbursed costs incurred by each institution in providing care to its patients with HIV, compared to the costs incurred by all eligible applicants.

The Ryan White CARE Act Amendments of 2000 expanded eligibility of the Dental Reimbursement Program to accredited dental hygiene programs.

## Administration

The HIV/AIDS Dental Reimbursement Program is administered by the Division of Community-Based Programs within the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). Questions regarding this program should be directed to: Dental Reimbursement Program, Division of Community-Based Programs, HIV/AIDS Bureau, HRSA, Parklawn Building, Room 7A-30, 5600 Fishers Lane, Rockville, MD 20857. Telephone: 301-443-2177.

## Eligibility

To be eligible for an award, the applicant must be either (1) a school of dentistry, (2) a postdoctoral dental education program, or (3) a dental hygiene education program. These programs must be accredited by the Commission on Dental Accreditation and must have documented unreimbursed costs of oral health care provided to persons with HIV.

## Program Application Requirements

The applicant must submit the Dental Reimbursement Program Application, which includes three sections:

- Program Information
- Patient Demographics and Services
- Reimbursement and Funding

Applicants also are encouraged to describe various aspects of their institutions/programs. Some of these narrative responses are voluntary, but are strongly encouraged as they help portray the scope of oral health care provided to patients with HIV.

Applications accepted for consideration **must** include information for the period **July 1, 1999 through June 30, 2000**, that is contained in the Office of Management and Budget (OMB)-approved format for the Dental Reimbursement Program Application.

## Submission: Formats and Deadline

In this reporting year, there are **two** ways to submit a DRP application:

- Traditional **paper-based form** or
- Online **Web-based form**.

## Paper-Based Submission

Please forward **an original and ONE COMPLETE copy** of the finished form to:

CSR, Incorporated  
RW CARE Data Support  
Dental Reimbursement  
1400 Eye Street, N.W.  
Suite 200  
Washington, DC 20005

To be considered for an award, applications must be postmarked no later than the due date (**June 15, 2001**). (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. NOTE: Privately metered postmarks will not be accepted as proof of timely mailing.)

If you need additional copies of materials, go to the Web site at <<http://hab.hrsa.gov/grant.html>> to view and download the Application Form and Application Instructions.

### **Web-Based Submission**

To submit your application online, go to the Web site at <<http://hab.hrsa.gov/drp.htm>> and click on the link “*Online Submission*”. The **Web-based form** will be available on **May 31, 2001**. To be considered for an award, applications completed and submitted online are also due **June 15, 2001**.

To begin online data entry, you must enter your user name provided in the cover letter and password (drp2001). You will then be prompted to generate a new password. In addition, each form that is completed online will be issued a unique *tracking number*. Applicants should keep the tracking number and a copy of the submitted form in their records as proof of timely submission.

If you submit an application electronically, you must **mail or fax the first page** of the Application Form with the signature of a person authorized to sign for your institution (Item #2 of Program Information) to **CSR, Incorporated at 202-842-0418. YOUR ONLINE APPLICATION CANNOT BE PROCESSED UNLESS CSR RECEIVES THIS SIGNATURE.**

Narrative responses to #16b and #19–#23 are also submitted online as part of the application.

### **Application Assistance**

CSR, Incorporated, offers technical assistance via telephone and e-mail to Dental Reimbursement applicants, whether applications are submitted by mail or online:

#### **Ryan White CARE Data Support Help Line**

Hours of operation: 9:00 a.m. to 5:00 p.m. (EDT)

Days of operation: Monday through Friday

Dates of operation: April 23, 2001–June 15, 2001

Phone Number: 1-888-640-9356

E-mail: [RWCAREdatasupport@csrincorporated.com](mailto:RWCAREdatasupport@csrincorporated.com).

Applications postmarked or submitted on the Web after the due date, **June 15, 2001, WILL NOT BE ACCEPTED FOR CONSIDERATION.**

## **PUBLIC BURDEN STATEMENT**

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The public reporting burden for this application is estimated to average 17.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data required, and completing and reviewing the form. Send comments regarding this burden estimate or any other aspect of this information collection procedure, including suggestions for reducing the burden, to:

Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Parklawn Building, Room 14-33, 5600 Fishers Lane, Rockville, MD 20857. Telephone: 301-443-1129.

# APPLICATION INSTRUCTIONS

*These instructions will help you complete the 2001 Application Form. Please note that some items have been modified to enhance clarity. A glossary of terms used in the application is also included.*

## PROGRAM INFORMATION

Item #1. Please remember to indicate the institution's Federal tax identification number.

Item #2. The signature of a person authorized to sign for the institution is mandatory.

NOTE: If you submit your data using the **Web-based form**, the Program Information page (page 1) with this signature must be **faxed to CSR, Incorporated at 202-842-0418. YOUR ONLINE APPLICATION CANNOT BE PROCESSED UNLESS CSR HAS RECEIVED THIS SIGNATURE.**

## PATIENT DEMOGRAPHICS AND SERVICES

*Please avoid reporting in the "unknown" category whenever possible.*

*Reporting demographic information about patients receiving care supported by Ryan White CARE Act funds (as requested in questions #8–#12) is a program requirement of all CARE Act grant recipients. Demographic information is based on patients' self-identification.*

Item #7. Indicate the number of unduplicated patients with HIV who received *at least one oral health service* from your dental school/postdoctoral dental program/dental hygiene program during the reporting period (July 1, 1999 through June 30, 2000). This number should include all individuals seen at any time during this period, including those who were lost to follow-up; transferred to another institution, program, or provider; or who passed away.

You must indicate direct counts of patients with HIV. Estimates or calculations using sampling methodology are not permitted.

Item #8. Of the total number of unduplicated patients with HIV (Item #7), indicate the number by gender.

Item #9. Of the total number of female patients with HIV (Item #8), indicate the number of HIV-positive women who received at least one

oral health service while pregnant at any time during the reporting period, regardless of the outcome of the pregnancy.

Item #10. Of the total number of unduplicated patients with HIV (Item #7), indicate the number of patients by ethnicity. Please review the new "Ethnicity Categories" section in the Glossary of Terms Used in the Dental Reimbursement Application before completing this section.

Item #11. Of the total number of unduplicated patients with HIV (Item #7), indicate the number of patients by race. Please review the new "Race Categories" section in the Glossary of Terms Used in the Dental Reimbursement Application before completing this section. Patients who identify themselves as belonging to more than one race may be indicated in the "Multiple races" category.

Item #12. Of the total number of unduplicated patients with HIV (Item #7), indicate the number of patients by their age at any time during the reporting period.

Item #13. Indicate the total number of visits made by patients reported in Item #7 for each type of service provided during the reporting period. If the type of service provided is not listed on the form, specify it in the "Other" category.

## REIMBURSEMENT AND FUNDING

*Please avoid reporting in the "unknown" category whenever possible.*

Item #14. Of the total number of unduplicated patients with HIV (Item #7), indicate the number of those who received oral health care with NO reimbursement source, those who received oral health care with FULL or PARTIAL reimbursement source, and those whose reimbursement status was unknown. NOTE: The sum of the counts of patients in these three reimbursement categories should equal

the number of patients with HIV reported in Item #7.

**Item #15.** Indicate the number of patients with HIV whose oral health care was FULLY or PARTIALLY reimbursed by each of the indicated sources and the amount of reimbursement received. Patients whose oral health care was reimbursed by more than one source should be reported under **all** categories of reimbursement for which they were eligible. If a certain reimbursement source is not included on the form, specify it in the “Other” category.

**Item #16. a.** Indicate the total unreimbursed costs of oral health care provided to patients with HIV during the reporting period. Institutions/programs should review their charts and financial records to calculate total actual unreimbursed costs of services. If actual costs cannot be calculated, then use as a surrogate the applicant institution’s usual fees for those procedures (before any discount or sliding-fee schedule is applied).

**Item #16. b.** Please provide, as a separate attachment, a concise description of the methods used to calculate Item #16a.

**Item #17.** Check each option for the ways in which the dental reimbursement funds will be used. If a particular use is not listed on the form, specify it in the “Other” category.

**Item #18. a.** Indicate whether or not your institution received any other Ryan White CARE Act funding during the reporting year (i.e., monies received from Titles I–IV, Special Projects of National Significance, or the AIDS Education and Training Centers to

provide any HIV-related services, not only oral health services). If the answer is “Yes,” please complete **Item #18b.**

## NARRATIVES

**Items #19–#23.** Provide descriptions of various aspects of your institution/program, including its special strengths and unique capabilities, the sites where services to patients with HIV are provided, programs of outreach to persons with HIV, integration into community-based activities, links with other Ryan White CARE Act programs, and results of collaborative work. Please submit these narrative descriptions as a separate attachment.

Specific documentation—formal letters of agreement, memoranda of understanding, and pamphlets and flyers pertaining to your program or services—may be included as an appendix to the application, but is not required and should not be used as a substitute for the narratives.

Although responses to Items #20–#23 are voluntary, they are strongly encouraged and will be greatly appreciated. Your narrative responses will allow the Health Resources and Services Administration (HRSA) to be aware of your program’s unique characteristics and strengths in providing comprehensive oral health care for patients with HIV. Your responses will also enable HRSA to more fully understand the environment in which oral health care is provided to patients with HIV, and to assess the extent of collaboration among the various Ryan White CARE Act and community-based programs.

## GLOSSARY OF TERMS USED IN THE DENTAL REIMBURSEMENT APPLICATION

<b>Eligible Applicant</b>	A dental school, a postdoctoral dental education program, or a dental hygiene education program that has provided oral health care for patients with HIV and has been accredited by the Commission on Dental Accreditation.
<b>Patient with HIV</b>	A person who has the human immunodeficiency virus; a person with documented confirmation of her/his positive serostatus [examples include a positive HIV test result; a letter verifying that the person is receiving HIV-related care or services from a primary medical care provider, case manager, AIDS service organization, etc.; a viral load test result; an ADAP (AIDS Drug Assistance Program) enrollment card and similar documents]; or a person who self-identifies as being HIV-positive.
<b>Postdoctoral Dental Education Program</b>	A program sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency, and is accredited by the Commission on Dental Accreditation.
<b>Dental Hygiene Education Program</b>	A dental education program that trains dental hygienists and is accredited by the Commission on Dental Accreditation.
<b>Prior Year</b>	The year during which care was provided and unreimbursed costs of care were incurred (for the FY 2001 application, the prior year is defined as July 1, 1999 through June 30, 2000).
<b>Procedures</b>	Dental procedures as defined by the American Dental Association under <i>Current Dental Terminology</i> , Second Edition (CDT-2) 1995–2000.
<b>Ethnicity Categories</b>	<i>Hispanic or Latino/a</i> is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<b>Race Categories</b>	Race categories in which individuals may identify themselves include the following: (1) <i>White</i> —a person having origins in any of the original peoples of Europe, the Middle East, or North Africa; (2) <i>Black or African American</i> —a person having origins in any of the black racial groups of Africa; (3) <i>Asian</i> —a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; (4) <i>Native Hawaiian or Other Pacific Islander</i> —a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific island; (5) <i>American Indian or Alaska Native</i> —a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment; (6) <i>Multiple</i> races—a person who identifies with more than one racial category; (7) <i>Other</i> includes races other than those listed above.
<b>Statewide Coordinated Statement of Need (SCSN)</b>	A statement of significant HIV-related issues specific to each State, which is a result of coordination, integration, and effective links across the CARE Act Programs. The Ryan White CARE Act Amendments of 1996 require CARE Act grantees to conduct activities to enhance coordination across all Ryan White CARE Act programs, including collaborative development of a SCSN.
<b>Unduplicated Number of Patients</b>	Patients counted under a procedure in which a single individual is counted only once during the reporting period regardless of how many visits were made or procedures performed. For institutions that provided care at multiple sites, a patient is counted only once, even if he or she receives services at more than one site.
<b>Unreimbursed Oral Health Care Costs</b>	The balance remaining after subtracting the total payment received from patients with HIV and/or third-party payers or Medicaid, from the total of actual costs incurred by the applicant institution in providing oral health care to those patients. If actual costs to provide services cannot be calculated, then the applicant institution's usual fees for those procedures (before any discount or sliding-fee schedule is applied) should be used as a surrogate for costs.